

\_\_\_\_\_  
Date

MEMORANDUM FOR DCA, \_\_\_\_\_ BSB, APO AE \_\_\_\_\_

SUBJECT: Fundraising Activity for PO/IF

1. The following organization requests permission to hold the following activity to raise funds.

Organization: \_\_\_\_\_ EIN \_\_\_\_\_

Type of Fundraiser: \_\_\_\_\_

Location Requested: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_

2. The most recent monthly or quarterly treasurer's report is attached to this request.

3. All funds raised by this activity will be used/distributed IAW with DODI 1000.15 and AE Regulation 210-22, Private Organization and Fundraising Policy. An **After Action Report** will be submitted to the \_\_\_\_\_ BSB DCA Funds Control Branch, Attn: PO Coordinator, **NLT 45** days after closure of this event. See example at Enclosure 2.

4. All questions concerning the fundraising event will be addressed directly to the PO Coordinator located at \_\_\_\_\_.

5. The following individuals (names, addresses and phone numbers) will supervise this activity and control cash collection records. **Please fill out completely.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

APO \_\_\_\_\_

DSN/Home #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

APO \_\_\_\_\_

DSN/Home #: \_\_\_\_\_

6. Point of contact for the organization is:

\_\_\_\_\_  
President or Group Leader (Signature) Date

(For FRGs, must be Commander 04 or higher)

7. Coordination:

\_\_\_\_\_  
Facility Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
AST Commander

\_\_\_\_\_  
Date

8. This request has been reviewed by SJA and **is / is not** legally sufficient.

\_\_\_\_\_  
SJA

\_\_\_\_\_  
Date

\_\_\_\_\_  
PO Coordinator/DCA

\_\_\_\_\_  
Date

Approved / Disapproved \_\_\_\_\_  
BSB Commander Date

Enclosure 1